

2019 SAERA MEMBERSHIP APPLICATION / RENEWAL



Each member must complete an individual application/renewal form.

Personal Details

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|--|------------------|-------------|--|-----------|--|
| If an existing member, what is your current membership number? | | | | | |
| Class of membership being applied for. Refer below. | | | | | |
| Title | DOB: / / | Occupation | | | |
| First Name | | Middle Name | | | |
| Preferred Name | | Surname | | | |
| Residential Address | | | | | |
| Town | | State | | Post code | |
| Postal Address (if different) | | | | | |
| Town | | State | | Post code | |
| Home Phone | | Work Phone | | | |
| Mobile | | Email | | | |
| Property Identification Code : (where your horse is lives): | | | | | |

Schedule of Fees

| Class of membership | Membership type | Voting right | Base Membership Fee | Personal Accident Fee | Base Fee plus PA fee |
|---|---|--------------------|---------------------|-----------------------|----------------------|
| Adult riding member (18 years old) | <ul style="list-style-type: none"> Novice Endurance | Yes | \$145 | \$150 | \$295 |
| Junior riding member (under 18 years) | <ul style="list-style-type: none"> Novice Endurance | No | \$85 | \$39 | \$124 |
| Family riding members (2 adults & 2 children) | Training riders: | Adult members only | \$430 | | |
| | Novice riders: | | | | |
| | Endurance riders: | | | | |
| Intermediate riding member | | Yes | \$85 | \$150 | \$235 |
| Associate non-riding member | | No | \$70 | NA | \$70 |
| Hon. Life Member | | Yes | NA | NA | NA |

****Intermediate riding member is a class of membership for those who only wish to do 40km training rides.***

DANGEROUS ACTIVITY ACKNOWLEDGEMENT & WAIVER

In consideration of the South Australian Endurance Riders Association Inc. ("the Association") accepting me as a member, I agree that this Dangerous Activity Acknowledgement and Waiver governs my participation in all endurance riding activities affiliated with or endorsed by the Association.

I understand that –

1. There are potentially significant risks and hazards involved with endurance riding, and that horses are powerful and potentially dangerous animals;
2. There are certain inherent risks in the terrain, public roadways, weather and other forces of nature which may arise during my participation in endurance riding, and that such risks may vary from ride to ride;
3. The Ride Organisers and the State Management Committee make every effort to ensure the safety of the ride base and ride course, and the safety and well-being of all participants and their horses, and to minimize any risk of injury, death or loss due to negligence or omission by the organisers and the Association;
4. It is compulsory to wear an approved safety helmet at all times while on a horse at any event affiliated or endorsed by the Association;
5. I am responsible for the control and welfare of any horse in my care or which I elect to ride and for ensuring that I am capable of managing any such horse in the interests of my own safety, and that of other participants, horses and property;
6. If I fail to comply with any reasonable instruction, request or direction by Ride Organisers or other designated officials, upon my being so warned by the appointed Chief Steward, she/he may terminate any further participation by me, such termination being at my expense, and I waive any claim or refund;
7. I am free to withdraw my participation at any time should I determine that to do so is in the interests of my safety and well-being or that of other participants and horses.

I agree –

8. There are dangers associated with the consumption of alcohol or any mind altering drugs before and during the event and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs during a ride.
9. That if I have a medical condition or impairment which may affect my capacity to act safely and in the best interests of the welfare of myself, other participants and horses, then I take full responsibility for any consequence of such medical condition or impairment;
10. To comply with AERA and the Association's Ride policies (including the Member Protection Policy MPP) and any reasonable instruction, request or direction from ride officials as to the safety and wellbeing of myself and other participants and the management of horses. Note the MPP is available on the Association's website or copies can be requested from the SMC.
11. That due to diseases such as equine influenza, the Department of Primary Industries or other state or commonwealth government body, may restrict or prevent the movement of horses, vehicles and personnel for a period of time, otherwise known as a "standstill". I acknowledge that a standstill is a risk of competing and agree to pay any costs or expenses incurred by any person or organisation for and behalf of my horse(s) as a result of the standstill.

I have read and understood the above document

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Signature of Applicant Date / /2019

If the applicant is a junior member,

Signature of Parent/Guardian

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| * |
|---|

Date / / 2019

PERSONAL ACCIDENT DISCLAIMER

Do you elect to purchase Personal Accident Insurance under the Australian Endurance Riders Association Master Policy? **You must tick ✓ one box only.**

| | |
|--|-----|
| | YES |
| | NO |

Where you have elected to purchase Personal Accident Insurance under the Australian Endurance Riders Association Master Policy and paid the applicable fee indicated on the Summary of Payment Sheet attached, please be aware that your personal objectives, personal needs or financial situation has not been taken into account when preparing the cover provided under the Australian Endurance Riders Association Personal Accident Master Policy.

You should therefore consider the appropriateness of the cover being provided before making any decision to purchase this financial product. A copy of the summary of cover and product disclosure statement can be obtained from the AERA website Please ensure you read the documents so you are familiar with the terms, conditions and exclusions applicable to the cover before purchasing.

I confirm I have read the summary of cover and product disclosure statement applicable to the personal accident insurance and assessed the appropriateness of cover being provided. I duly acknowledge that the terms and conditions of cover are acceptable to me and that I am aware my personal objectives, personal needs and financial situation have not been taken into consideration. Signing of the Declaration below constitutes my full acceptance of the requirements of the Personal Accident Disclaimer.

I have read and understood this document and hereby apply for Membership of SAERA. If accepted as a member, I agree to comply with the SAERA. Constitution, and the AERA Inc. and SAERA rules and procedures.

Applicants Signature: * _____ Date: / / 2019

If the applicant is a junior member, then the following declaration must be completed by the junior's parent/guardian: [A junior member is a person who attains the age of 17 years or less in the calendar year of membership].

As parent/guardian of the junior member:

1. I warrant the accuracy of the assurances and warranties given above on behalf of the participant;
2. I provide the above undertakings both on my own behalf, and, to the extent permitted by law, on behalf of the participant; and I indemnify the Association and all the persons specified above against all liability and claims brought by or on behalf of the participant arising out of or in any way associated with the activity.

Name of applicant:

Name of Parent / Guardian

Signature of Parent/Guardian..... Date / / 2019

Notes:

- It is the responsibility of each member to make sure they renew their membership each year. The membership year starts on 1st January.
- All riders will be expected to show a current membership card at each ride they enter.
- If you are not a current member you will not be covered by any SAERA or AERA insurance policies.
- Only adult members have voting rights.

Return completed form (together with proof of rider status if appropriate) plus the correct membership fee (make cheques payable to South Australian Endurance Riders Association) to **SAERA Membership Secretary. PO Box 806 Gawler SA 5118.**

If paying via EFT you **MUST put your EFT receipt in with your membership forms.**

.SAERA Inc EFT Details : BSB: 085921 A/C: 205135822

Reference: MSHIP and YOUR SURNAME. ie: MSHIP SMITH.